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CONFIRMATION NO. 6902

<b>SERIAL NUMBER</b> 10/634,513	<b>FILING OR 371(c) DATE</b> 08/04/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> A-9554
<b>APPLICANTS</b> Michael A. Russell, Cohasset, MA; Claude A. Vidal, Santa Barbara, CA; Russell J. Redmond, Goleta, CA; David A. Chandos, North Richland Hills, TX; Menachem Zucker, K. Motzkin, ISRAEL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/417,422 10/09/2002 and claims benefit of 60/401,019 08/02/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 11/04/2003</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 33	<b>TOTAL CLAIMS</b> 1
<b>ADDRESS</b> 20741				
<b>TITLE</b> Anesthesia manifold and induction valve				
<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	